

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 12, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99080-73, 97110, and 99213 for dates of service July 29, 2002 through November 22, 2002.

II. RATIONALE

- CPT Code 99080-73 for date of service 7/29/02 – No EOB received. Per §133.106(f) the submitted TWCC-73 supports delivery of service. Reimbursement in the amount of \$15.00 is recommended.
- CPT code 97110 for date of service 8/7/02 – The carrier representative has submitted an EOB showing payment was made twice for the same date of service (8/6/02); the carrier representative contends that the auditor for the carrier mis-typed the dates of service on the EOB, and identified the services provided on 8/7/02 as being provided on 8/6/02. The carrier representative also states they have submitted a payment screen with the EOB as attach as Exhibit 1; however, the payment screen was not included as part of Exhibit 1 and payment cannot be determined. Therefore, per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) SOAP notes do not document the severity of the injury that would require exclusive one-to-one supervision. Reimbursement is not recommended.
- CPT Code 99213 for date of service 8/7/02 – The carrier representative has submitted an EOB denying the CPT Code as “T”; the carrier representative contends that the auditor for the carrier mis-typed the dates of service on the EOB, and identified the services provided on 8/7/02 as being provided on 8/6/02. The carrier or it’s representative have not submitted a corrected EOB, therefore, denial cannot be determined and the CPT code will be reviewed according to the Medical Fee Guideline. Per the 1996 Medical Fee Guideline, Evaluation and Management (IV)(C)(2) SOAP notes support delivery of service. Reimbursement in the amount of \$48.00 is recommended.
- CPT Code 99213 for dates of service 10/4/02 and 10/18/02 – No EOB submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(4) if treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly. SOAP notes submitted support delivery of service for one office visit. Reimbursement in the amount of \$48.00 is recommended.

- CPT Code 99213 for date of service 11/8/02 – No EOB submitted; and dates of service 11/15/02 and 11/22/02 denied as “T”. Per the UETG 134.1002(c)(1)(A) which states in part that an employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed, and the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(4) which states in part that if treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly. SOAP notes submitted support delivery of service for one office visit. Reimbursement in the amount of \$48.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99080-73, 97110, and 99213 in the amount of \$159.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$159.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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